Case 23-14378-ABA Doc 11 Filed 06/08/23 Entered 06/08/23 10:34:39 Desc Main Document Page 1 of 52

Fill in this info	rmation to identify your	case:		
Debtor 1	Jodi Reyer			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	23-14378			
(if known)				☐ Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

Schedule A/B: Property (Official Form 106A/B)	Your a	ssets
Schedule A/B: Property (Official Form 106A/B)		of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	\$	382,500.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	423,787.46
1c. Copy line 63, Total of all property on Schedule A/B	\$	806,287.40
2: Summarize Your Liabilities		
		abilities t you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	431,084.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	15,160.3
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	2,563.00
Your total liabilities	\$	448,807.39
3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,093.62
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,817.00
4: Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other scl	nedules.
■ Yes What kind of debt do you have?		
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Jodi Reyer Case number (if known) 23-14378

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____10,395.21

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	iim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	15,160.39
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	15,160.39

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	30 20 14070 NB	7. 000 11	Dog	cument	Page 3 of 52	700/20 10		Descrivian	•
Fill in this inf	formation to identify ye	our case and th	is filin	g:					
Debtor 1	Jodi Reyer								
Debtor 2	First Name	Middle	Name		Last Name				
(Spouse, if filing)	First Name	Middle	Name		Last Name				
United States	Bankruptcy Court for th	e: DISTRICT	OF NE	W JERSEY					
Case number	23-14378				_			☐ Check if t amended	
Official F	Form 106A/B								
_	ule A/B: Pro	perty						12/15	
nformation. If n Answer every q	nore space is needed, att	ach a separate sh	neet to t	his form. On th	le are filing together, both a ne top of any additional pag wn or Have an Interest In				wn).
1.1	ere is the property?		Wha	t is the propert	t y? Check all that apply				
	ellington Way ess, if available, or other descri	otion	Single-family home Duplex or multi-unit Condominium or coo		ılti-unit building	Do not deduct secured claims or e the amount of any secured claims Creditors Who Have Claims Secu		d claims on <i>Śche</i> d	s on <i>Schedule D:</i>
Swedes	sboro NJ	08085-0000 ZIP Code		Land	ured or mobile home	entire pro	alue of the perty?	Current value portion you ov	
Oily			☐ Timeshare ☐ Other Who has an interest in the property? Check one		Describe (the nature of y	our ownership in	nterest	
				Debtor 1 only	,	Joint te	**		
County	ster			Debtor 1 and	Debtor 2 only of the debtors and another		k if this is com	munity property	,
			prop	erty identificat	ou wish to add about this i ion number:	tem, such as lo	ocal		
				I Property 5,000-10%=	382,500-\$415,584= \$0	0.00			
2. Add the c	dollar value of the port u have attached for Pa	ion you own fo ort 1. Write that	r all of numbe	your entries er here	from Part 1, including a	ny entries for	.=>	\$382,50	00.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debtor 1 Jodi Reyer Case number (if known) 23-14378

□ No)				
■ Ye					
	Лаke:	Audi	Who has an interest in the property? Check one	the amount of any secur	claims or exemptions. Put red claims on <i>Schedule D:</i>
	Model: Q3 Year: 2016 Approximate mileage: 67000		☐ Debtor 1 only	Creditors Who Have Cla	aims Secured by Property.
			☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		ormation:	At least one of the debtors and another	chare property.	portion you own:
_	/ehicle		At least one of the deptors and another		
			☐ Check if this is community property (see instructions)	\$13,692.00	\$13,692.0
3.2 N	Make:	Pontiac	Who has an interest in the property? Check one		claims or exemptions. Put red claims on <i>Schedule D:</i>
N	Model:	G6	■ Debtor 1 only		aims Secured by Property.
Y	/ear:	2009	Debtor 2 only	Current value of the	Current value of the
		nate mileage: 103000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
		ormation:	At least one of the debtors and another		
V	/ehicle		☐ Check if this is community property (see instructions)	\$2,200.00	\$2,200.00
	ples: Bo		nd other recreational vehicles, other vehicles, an tercraft, fishing vessels, snowmobiles, motorcycle a		
Exam _i ■ No □ Ye	the do	oats, trailers, motors, personal wa		accessories ny entries for	\$15,892.00
Exam, ■ No □ Ye 5 Add .page	ples: Bo	oats, trailers, motors, personal wa	n for all of your entries from Part 2, including ar	accessories ny entries for	\$15,892.00
Exam No Ye Add page	the does you	oats, trailers, motors, personal was llar value of the portion you ow have attached for Part 2. Write to be Your Personal and Household Ite	n for all of your entries from Part 2, including ar	accessories ny entries for	Current value of the portion you own? Do not deduct secured
Exam No Ye Add page Part 3: Do you	the does you Describ	oats, trailers, motors, personal was llar value of the portion you ow have attached for Part 2. Write to be Your Personal and Household Ite	tercraft, fishing vessels, snowmobiles, motorcycle and for all of your entries from Part 2, including and that number hereems ems terest in any of the following items?	accessories ny entries for	Current value of the portion you own?
Exam No Ye No Add page Part 3: Do you House	the does you Describe own of sehold imples: No	llar value of the portion you ow have attached for Part 2. Write to a Your Personal and Household Items have any legal or equitable into goods and furnishings	tercraft, fishing vessels, snowmobiles, motorcycle and for all of your entries from Part 2, including and that number hereems ems terest in any of the following items?	accessories ny entries for	Current value of the portion you own? Do not deduct secured
Exam No Ye No Add page Part 3: Do you House	the does you Describe own of sehold imples: No	llar value of the portion you ow have attached for Part 2. Write to be Your Personal and Household ltd r have any legal or equitable into goods and furnishings Major appliances, furniture, linens scribe	tercraft, fishing vessels, snowmobiles, motorcycle and for all of your entries from Part 2, including and that number hereems ems terest in any of the following items?	accessories ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.
Exam No Ye Addd page Part 3: Do you House Exar No Ye	the does you Descrite own of the does you Descrite own of the does you own	Illar value of the portion you ow have attached for Part 2. Write to be Your Personal and Household Item have any legal or equitable into goods and furnishings Major appliances, furniture, linens scribe Household good felevisions and radios; audio, vide including cell phones, cameras, manual contents and radios; audio, vide including cell phones, cameras, manual contents and radios; audio, vide including cell phones, cameras, manual contents are contents and radios; audio, vide including cell phones, cameras, manual contents are contents and radios; audio, vide including cell phones, cameras, manual contents are contents and radios; audio, vide including cell phones, cameras, manual contents are contents and contents are contents are contents and contents are contents are contents and contents are contents are contents and contents are contents and contents are contents and contents are contents are contents and contents are contents	In for all of your entries from Part 2, including are that number hereems terest in any of the following items? ds and furnishings eo, stereo, and digital equipment; computers, printe	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions. \$2,500.0
Exam No Ye Addd page Part 3: Do you House Exar No Ye	the does you Descrite own of the does you Descrite own of the does you own	Illar value of the portion you ow have attached for Part 2. Write to be Your Personal and Household Item have any legal or equitable into goods and furnishings Major appliances, furniture, linens scribe Household goods	In for all of your entries from Part 2, including are that number hereems terest in any of the following items? ds and furnishings eo, stereo, and digital equipment; computers, printe	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

Filed 06/08/23 Entered 06/08/23 10:34:39 Case 23-14378-ABA Doc 11 Desc Main Page 5 of 52 Document Debtor 1 Case number (if known) 23-14378 Jodi Rever ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothing \$800.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$1,000,00 Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$5.100.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

■ No

□ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

Institution name: ■ Yes.....

Checking #8750

USAA Bank

\$200.00

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יט	Joai Reye	<u>r </u>		Case number (# known)	
		17.2.	Checking #7242	Bank of America	\$2,800.00
40	Danda mutual fund		altitude de des alto		
18	Bonds, mutual fund Examples: Bond fund ■ No			rage firms, money market accounts	
	☐ Yes		Institution or issuer nam	ne:	
19	Non-publicly traded joint venture No	stock and	interests in incorporat	ted and unincorporated businesses, including an interest in an LLC,	partnership, and
	☐ Yes. Give specific		about themme of entity:	% of ownership:	
20	Negotiable instrume	nts include	personal checks, cashiei	ble and non-negotiable instruments rs' checks, promissory notes, and money orders. er to someone by signing or delivering them.	
	☐ Yes. Give specific i		about them uer name:		
21	Retirement or pensi Examples: Interests □ No			b), thrift savings accounts, or other pension or profit-sharing plans	
	Yes. List each acco		tely. of account:	Institution name:	
		401(k)	Retirement account with former employer; Account is ERISA qualified and, therefore, exempt	\$2,856.46
		401(k)	Retirement Account with current employer; Accout is ERISA qualified and, therefore, exempt	\$396,939.00
22		ised deposi	ts you have made so tha	at you may continue service or use from a company lic utilities (electric, gas, water), telecommunications companies, or other	s
	■ No □ Yes			Institution name or individual:	
23	_ `	t for a perio	dic payment of money to	you, either for life or for a number of years)	
	■ No □ Yes	Issuer nan	ne and description.		
24	. Interests in an educa 26 U.S.C. §§ 530(b)(1			fied ABLE program, or under a qualified state tuition program.	
	■ No □ Yes	Institution	name and description. S	eparately file the records of any interests.11 U.S.C. § 521(c):	
25	Trusts, equitable or	future inte	rests in property (other	r than anything listed in line 1), and rights or powers exercisable for	your benefit
	Yes. Give specific	information	about them		
26				other intellectual property from royalties and licensing agreements	
	Yes. Give specific	information	about them		

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De	ebtor 1	Jodi Reyer	Case number (if known)	23-14378
27.	Examp	es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperative association h	noldings, liquor licenses, professional licenses	:
	■ No □ Yes.	Give specific information about them		
M	oney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	unds owed to you Give specific information about them, including whether you alread	y filed the returns and the tax years	
	■ No	support les: Past due or lump sum alimony, spousal support, child support, Give specific information	, maintenance, divorce settlement, property so	ettlement
	Examp ■ No	Imounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefit benefits; unpaid loans you made to someone else	ts, sick pay, vacation pay, workers' compens	ation, Social Security
	Interest Examp ■ No	Give specific information ts in insurance policies bles: Health, disability, or life insurance; health savings account (HS) Name the insurance company of each policy and list its value. Company name:	SA); credit, homeowner's, or renter's insurance Beneficiary:	e Surrender or refund
	If you a someon	rerest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insu ne has died. Give specific information	rance policy, or are currently entitled to receive	value: ve property because
	Claims Examp ■ No	against third parties, whether or not you have filed a lawsuit of les: Accidents, employment disputes, insurance claims, or rights to Describe each claim		
34.	■ No	contingent and unliquidated claims of every nature, including of Describe each claim	counterclaims of the debtor and rights to s	et off claims
35.	□ No	ancial assets you did not already list Give specific information		
		Venmo		\$0.00
	for Pa	he dollar value of all of your entries from Part 4, including any art 4. Write that number here		\$402,795.46
Та	Des	Serior Any Duamicas-Iterated Froperty Tou Own or Flave an Interest III.	List any real estate in raft f.	

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Official Form 106A/B Schedule A/B: Property page 5

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Debtor 1 Jodi Reyer Case number (if known) 23-14378

Pyes. Go to line 38.

	Yes. Go to line 38.			
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46.	Do you own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information Add the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form			\$0.00
	Part 1: Total real estate, line 2			\$382,500.00
56.	Part 2: Total vehicles, line 5	\$15,892.00		· · · · · · · · · · · · · · · · · · ·
57.	Part 3: Total personal and household items, line 15	\$5,100.00		
58.	Part 4: Total financial assets, line 36	\$402,795.46		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$423,787.46	Copy personal property tot	al \$423,787.46
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$806,287.46

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this infor	mation to identify your	case:		
Debtor 1	Jodi Reyer			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY		
_	23-14378			
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exe	mpt
--	-----

You are claiming state and reactar horizantiaptey exemptions. 11 U.S.C. § 522(b)(2)									
2.	For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	2009 Pontiac G6 103000 miles Vehicle	\$2,200.00		\$2,200.00	11 U.S.C. § 522(d)(2)				
	Line from Schedule A/B: 3.2	_							
	Household goods and furnishings Line from Schedule A/B: 6.1	\$2,500.00		\$2,500.00	11 U.S.C. § 522(d)(3)				
	Line Holli Schedule AVB. 0.1			100% of fair market value, up to any applicable statutory limit					
	Electronics Line from Schedule A/B: 7.1	\$800.00		\$800.00	11 U.S.C. § 522(d)(3)				
	Line nom Schedule AVB. 111			100% of fair market value, up to any applicable statutory limit					
	Clothing Line from Schedule A/B: 11.1	\$800.00		\$800.00	11 U.S.C. § 522(d)(3)				
	Ellie Holli Golloddie 772. TTT			100% of fair market value, up to any applicable statutory limit					
	Jewelry Line from Schedule A/B: 12.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(4)				
	Line from Schedule PVD. 12.1			100% of fair market value, up to any applicable statutory limit					

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De	btor 1	Jodi Reyer	Case number (if known)	23-14378			
		description of the property and line on dule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
			Copy the value from Schedule A/B	Che			
		cking #8750: USAA Bank from Schedule A/B: 17.1	\$200.00 I		\$200.00	11 U.S.C. § 522(d)(5)	
	LINE	nom Schedule AVB. 17.1			100% of fair market value, up to any applicable statutory limit		
		cking #7242: Bank of America	\$2,800.00		\$2,800.00	11 U.S.C. § 522(d)(5)	
	Line	nom Schedule AVB. 17.2			100% of fair market value, up to any applicable statutory limit		
		k): Retirement account with ner employer; Account is ERISA	\$2,856.46		\$2,856.46	11 U.S.C. § 522(d)(12)	
	qual	ified and, therefore, exempt from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit		
	•	k): Retirement Account with ent employer; Accout is ERISA	\$396,939.00		\$396,939.00	11 U.S.C. § 522(d)(12)	
	qual	ified and, therefore, exempt from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit		
3.	(Subj	you claiming a homestead exemption ect to adjustment on 4/01/25 and every No Yes. Did you acquire the property cover	3 years after that for ca	ases fi	ŕ	,	
		□ No					
		☐ Yes					

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		Document	Page 1	1 of 52		
Fill in this infor	mation to identify you	r case:				
Debtor 1	Jodi Reyer				\neg	
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number	23-14378				☐ Check	if this is an
					_	led filing
Official Fam	10CD					
Official For		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	C	al lass Davis a suts	_	
Schedule	D: Creditors	Who Have Claims	Secure	a by Property	<u>/</u>	12/15
	ne Additional Page, fill it o	f two married people are filing togeth out, number the entries, and attach it				
•	s have claims secured by	your property?				
☐ No. Ched	k this box and submit th	nis form to the court with your other	schedules.	You have nothing else to	report on this form.	
Yes. Fill i	n all of the information b	pelow.				
Part 1: List A	All Secured Claims					
2. List all secured	d claims. If a creditor has n	nore than one secured claim, list the cre	ditor separate	Column A ly	Column B	Column C
		a particular claim, list the other creditors cal order according to the creditor's name		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 Capital C	ne Auto Finance	Describe the property that secures to	the claim:	value of collateral. \$15,500.00	\$13,000.00	If any \$2,500.00
Creditor's Nar		2016 Audi Q3				
Attn. Do	alem i matai e					
Attn: Bai 7933 Pre		As of the date you file, the claim is:	Check all that			
Plano, T		apply. Contingent				
Number, Stree	et, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the d	lebt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as a	mortgage or s	ecured		
Debtor 2 only)-ht0h	car loan)	-1			
Debtor 1 and D	•	☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit	cnanic's lien)			
■ At least one of ☐ Check if this	the debtors and another	☐ Other (including a right to offset)				
community d		uncluding a right to difset)				

Opened 10/23/19 Last Active

Date debt was incurred 3/14/23

1001

Last 4 digits of account number

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Deb	otor 1 Jodi Reye	er		Case number (if known)	23-14378				
	First Name	Middle N	Name Last Name						
2.2	Rushmore Loa	an Mgmt	Describe the property that secures the claim:	\$415,584.00	\$382,500.00	\$33,084.00			
	Attn: Bankrup P.O. Box 5500 Irvine, CA 926	4	317 Wellington Way Swedesboro, NJ 08085 Gloucester County Real Property \$425,000-10%= 382,500-\$415,584= \$0.00 As of the date you file, the claim is: Check all that apply. ☐ Contingent						
	Number, Street, City, S	State & Zip Code	☐ Unliquidated						
Who	o owes the debt?	Check one.	□ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien)						
_	Debtor 1 only Debtor 2 only								
	Debtor 1 and Debtor 2	2 only							
	At least one of the deb	otors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)						
	Check if this claim re community debt	elates to a							
Date	e debt was incurred	Opened 04/05 Last Active 3/21/23	Last 4 digits of account number 570	98					
Ac	ld the dollar value o	f your entries in (Column A on this page. Write that number here:	\$431,084	1.00				
	this is the last page rite that number her		I the dollar value totals from all pages.	\$431,084	1.00				

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Document	Page 13 of	52		
Fill in this in	formation to identify your ca	ase:				
Debtor 1	Jodi Reyer					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number	23-14378					
(if known)	23-14370				☐ Check amend	if this is an ed filing
	orm 106E/F					
Schedule	E/F: Creditors Wh	no Have Unsecured	Claims			12/15
Schedule D: Cr left. Attach the name and case	editors Who Have Claims Secur Continuation Page to this page. number (if known).	ed Leases (Official Form 106G). Do ed by Property. If more space is not lift you have no information to rep	needed, copy the Par	t you need, fill it out,	number the entries in	the boxes on the
	st All of Your PRIORITY Uns					
	editors have priority unsecured	claims against you?				
□ No. Go	to Part 2.					
Yes.						
identify who	at type of claim it is. If a claim has st the claims in alphabetical order	If a creditor has more than one prior both priority and nonpriority amount according to the creditor's name. If y cular claim, list the other creditors in	s, list that claim here a you have more than tw	and show both priority a	nd nonpriority amount	s. As much as
	·	e the instructions for this form in the				
(* 5. 5 5	7,		,	Total claim	Priority amount	Nonpriority amount
	nal Revenue Service	Last 4 digits of accour	1t number 7386	\$5,204.94	\$5,204.94	\$0.00
P.O.	y Creditor's Name Box 7346	When was the debt inc	curred?		-	
	adelphia, PA 19101 er Street City State Zip Code	As of the date you file,	the claim is: Check	all that apply		
	urred the debt? Check one.	☐ Contingent		11.7		
☐ Debto	r 1 only	☐ Unliquidated				
☐ Debto	or 2 only	☐ Disputed				
☐ Debto	r 1 and Debtor 2 only	Type of PRIORITY uns	ecured claim:			
At lea	st one of the debtors and another	☐ Domestic support ob	ligations			
☐ Chec	k if this claim is for a communit	y debt Taxes and certain ot	her debts you owe the	e government		
Is the cla	im subject to offset?	☐ Claims for death or p	personal injury while y	ou were intoxicated		
■ No		Other. Specify				
☐ Yes			x Liability			

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Debto	r 1 Jodi Reyer		Case number (if known)	23-14378	
2.2	State of New Jersey Division of Taxation Priority Creditor's Name	Last 4 digits of account number	386 \$9,955.45	5 \$9,955.45	\$0.00
	P.O. Box 254	When was the debt incurred?		_	
	Trenton, NJ 08695-0245 Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply		
٧	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim			
	At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	Taxes and certain other debts you	owe the government		
ls	s the claim subject to offset?	☐ Claims for death or personal injury	while you were intoxicated		
	No	☐ Other. Specify			
	Yes	Tax Liability			
un tha	at all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other rt 2.	aim. For each claim listed, identify what	type of claim it is. Do not list of	claims already included in Par claims fill out the Continuatio	rt 1. If more on Page of
4.4	Calibar Hama Lagra		4000	Total clai	
4.1	Caliber Home Loans Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 24610 Oklahoma City, OK 73124	Last 4 digits of account number When was the debt incurred?	4230 Opened 04/05 Last 04/17	Active	\$0.00
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only				
	☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce t	hat you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar del	ots	
	☐ Yes	Other. Specify Real Estate	Mortgage		

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DCDIO	Jour Reyer		23-14376				
4.2	Capital One	Last 4 digits of account number	9740	\$1,478.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim	Opened 11/20/15 Last Active 02/20				
4.3	Who incurred the debt? Check one.	As of the date you file, the claim					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	l				
4.3	Cenlar	Last 4 digits of account number	1636	\$0.00			
	Nonpriority Creditor's Name Attn: Centralized Bankruptcy 425 Phillips Blvd. Ewing, NH 08618	When was the debt incurred?	Opened 4/18/05 Last Active 3/23/16				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt	·					
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharin					
	Yes	Other. Specify Real Estate					
4.4	Merrick Bank/CCHoldings Nonpriority Creditor's Name	Last 4 digits of account number	3799	\$0.00			
	Attn: Bankruptcy P.O. Box 9201	When was the debt incurred?	Opened 1/29/15 Last Active 1/08/20				
	Old Bethpage, NY 11804 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	•					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	■ Other, Specify Credit Card	I				

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Debtor 1 Jodi Rever Case number (if known) 23-14378

Dobto	Jour Reyer		Caco Hambor (ir known)	23-14370	
4.5	Verizon Wireless	Last 4 digits of account number	0001		\$1,085.00
	Nonpriority Creditor's Name	_			
	Attn: Bankruptcy		Opened 12/95 Last /	Active	
	500 Technology Dr, Ste 599	When was the debt incurred?	2/28/18		
	Weldon Springs, MO 63304				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce th	at you did not	
	Is the claim subject to offset?	report as priority claims	Ü	,	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar deb	s	
	☐ Yes	Other. Specify			

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 15,160.39
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 15,160.39
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 2,563.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 2,563.00

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Jodi Reyer			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	23-14378			
(if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.3	City		State	ZIF Code	
2.0	Name				<u> </u>
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5	July		Oldio	211 0000	
	Name				_
	Number	Street			
	City		State	ZIP Code	_
	City		State	ZIP Code	

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Fill in th	nis information to identify your	case:	.,	
Debtor 1	Jodi Reyer			
Dahtano	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if,		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case nu	ımber 23-14378			
(if known)				☐ Check if this is an
				amended filing
Offici	al Form 106H			
	edule H: Your Cod	ebtors		12/15
eeople a ill it out, vour nam 1. D N Y 2. W Ariz N Y 3. In C in li For	are filing together, both are equity, and number the entries in the me and case number (if known) to you have any codebtors? (If you you have any codebtors? (If you you have any codebtors? (If you you have any codebtors, have you	ally responsible for supplying boxes on the left. Attach the A . Answer every question. you are filing a joint case, do not lived in a community property Nevada, New Mexico, Puerto Riuse, or legal equivalent live with yors. Do not include your spous f that person is a guarantor or	dditional Page to this page. On the list either spouse as a codebtor. state or territory? (Community proposo, Texas, Washington, and Wisconsi ou at the time? see as a codebtor if your spouse is ficosigner. Make sure you have listed	s needed, copy the Additional Page, top of any Additional Pages, write erty states and territories include
out	Column 1: Your codebtor Name, Number, Street, City, State and Zi	P Code	Column 2: The Check all sched	creditor to whom you owe the debt
	, , , , , , , , , , , , , , , , , , , ,		Oncor an sone	aloo trut uppry.
3.1	Matthew Reyer		☐ Schedule D	, line
	317 Wellington Way Swedesboro, NJ 08085			/F, line 2.2
	Swedesboro, NJ 00005		☐ Schedule G	District of Tourism
			State of New	Jersey Division of Taxation
3.2	Matthew Reyer		■ Schedule D	, line 2.1
	317 Wellington Way Swedesboro, NJ 08085		☐ Schedule E	
	011040000010,110 00000		☐ Schedule G Capital One A	
			Capital Offe A	Luto Finance
3.3	Matthew Reyer		■ Schedule D	
	317 Wellington Way Swedesboro, NJ 08085		☐ Schedule E	
	- WCGC35010, 140 00003		☐ Schedule G	
			Rushmore Lo	an Mgmt Srvc

Official Form 106H Schedule H: Your Codebtors Page 1 of 2

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Debtor 1	Jodi Reyer	Case number (if known)	23-14378	
	Additional Page to List More Codebtors			
	Column 1: Your codebtor	Column 2: The cr Check all schedu	reditor to whom you owe the debt les that apply:	
3.4	Matthew Reyer 317 Wellington Way Swedesboro, NJ 08085	☐ Schedule D, ■ Schedule E/F ☐ Schedule G Internal Reven	F, line 2.1	

Official Form 106H Schedule H: Your Codebtors Page 2 of 2

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	in this information to	to identify your co	ase:								
Del	btor 2					_					
	ouse, if filing)		. DICTRICT OF NEW	IEDOEV							
Uni	ited States Bankrup	otcy Court for the	: DISTRICT OF NEW J	IEKSEY		_					
	se number 23	-14378		-			_	if this is:			
(,						☐ A si		nt show	ving postpetition following date:	
0	fficial Form	106I					MM	I / DD/ Y	YYY		
S	chedule I:	Your Inc	ome								12/15
atta	ch a separate she	et to this form.	r spouse is not filing w On the top of any additi	onal pages, write yo			d case num	nber (if I	(nown).	Answer every	
	information.			Debtor 1				_		-filing spouse	
	If you have more attach a separate information about	page with	Employment status	■ Employed□ Not employed				■ Emplo	•	I	
	employers.		Occupation								
	Include part-time self-employed wo		Employer's name	Cardiovascular	Associ	ates	s <u>S</u>	State of	New J	Jersey	
	Occupation may or homemaker, if		Employer's address	210 W. Atlantic Haddon Heights			i	NJ			
			How long employed t	here?				_			
Par	rt 2: Give De	tails About Mor	nthly Income								
	mate monthly incurse unless you are		ate you file this form. If	you have nothing to r	eport for	any	line, write \$	0 in the	space. I	Include your no	n-filing
	ou or your non-filing e space, attach a s		ore than one employer, co this form.	ombine the informatio	n for all e	empl	oyers for tha	at perso	n on the	e lines below. If	you need
							For Debto	or 1		Debtor 2 or Filing spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$	8,48	87.81	\$	4,569.07	-
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+\$_	0.00	-
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	8.487	.81	\$	4.569.07	

Debt	or 1	Jodi Reyer	-	Case number (if known)	23-14378
				For Debtor 1	For Debtor 2 or non-filing spouse
	Сор	y line 4 here	4.	\$ 8,487.81	\$\$,569.07
5.	List	all payroll deductions:			
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 1,605.40	\$ 611.80
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00	_ ·
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00	- ;
	5e.	Insurance	5e.	\$ 0.00	
	5f.	Domestic support obligations	5f.	\$ 0.00	-
	5g.	Union dues	5g.	\$ 0.00	
	5h.	Other deductions. Specify: NJ SUI	5h.+		
		NJ WFD	_	\$ 3.62	\$ 0.00
		401(k) EE	_	\$ 509.28	\$ 0.00
		401K Loan		\$ 854.01	\$ 0.00
		NJ FLI/EE	_	\$ 11.90	\$ 3.75
		Disability		\$ 55.77	\$ 1.73
		Life Insurance		\$ 30.29	\$ 0.00
		Vision		\$ 5.68	\$ 0.00
		Garnishment		\$ 398.75	\$ 2,672.58
		Pension	_	\$0.00	\$\$
		Pension Loan	_	\$0.00	
		Dental	_	\$0.00	- ,
		Medical	_	\$0.00	
		Deferred Comp	_	\$0.00	
		Contributory Insurance	_	\$0.00	\$\$
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 3,507.16	\$ 4,456.10
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 4,980.65	\$ 112.97
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance	8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00
	8g. 8h.	that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8f. 8g. 8h.+	\$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00
			_		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$0.00	\$0.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4,980.65 +	= \$ 5,093.6
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your rifiends or relatives. In include any amounts already included in lines 2-10 or amounts that are not active:	depen	•	·

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Deb	tor 1	Jodi Reyer	Case number (if known) 23-14	378		
12.		e that amount on th	e last column of line 10 to the amount in line 11. The result is the combined monthly income. The Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it	12.	\$_	5,093.62
						bined thly income
13.	Do y	you expect an incr	ease or decrease within the year after you file this form?			,
		No.				
		Yes. Explain:				

Official Form 106l Schedule I: Your Income page 3

Fill	in this information to identify y	our case:					
Deb	Jodi Reyer					c if this is:	
Deh	otor 2				_	An amended filing	ving postpetition chapter
	ouse, if filing)						the following date:
Unit	ed States Bankruptcy Court for the	e: DISTR	ICT OF NEW JERSEY		<u> </u>	MM / DD / YYYY	
Cas	e number 23-14378						
	nown)						
Of	fficial Form 106J						
	chedule J: Your	Fynai	1606				12/15
Be	as complete and accurate a ormation. If more space is no mber (if known). Answer eve	s possible eeded, atta ery questio	. If two married people ar ach another sheet to this				or supplying correct
1.	Is this a joint case?	<u> </u>					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live	in a separ	rate household?				
	□ No	•					
	☐ Yes. Debtor 2 mu	st file Offic	ial Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debto	or 2.	
2.	Do you have dependents?	□ No					
	Do not list Debtor 1 and		Fill out this information for	Dependent's relati	onship to	Dependent's	Does dependent
	Debtor 2.	Yes.	each dependent	Debtor 1 or Debtor		age	live with you?
	Do not state the						□ No
	dependents names.			Son		15	■ Yes
							□ No
				-		-	☐ Yes
							□ No
							Yes
							□ No
2	De veur evnenses include	_	_				☐ Yes
3.	Do your expenses include expenses of people other yourself and your dependent	than 📮	No l Yes				
Par	t 2: Estimate Your Ongo	ina Month	ly Fynenses				
Est exp	imate your expenses as of your expenses as of a date after the olicable date.	our bankr	uptcy filing date unless y				
the	lude expenses paid for with value of such assistance ar	non-cash nd have in	government assistance i	f you know our Income		V	
(Off	ficial Form 106l.)					Your exp	enses
4.	The rental or home owners payments and any rent for the			nclude first mortgage	4. \$		2,329.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner	's, or rente	r's insurance		4b. \$		0.00
	4c. Home maintenance, r				4c. \$		0.00
E	4d. Homeowner's associa			and a mode of the con-	4d. \$		0.00
ວ.	Additional mortgage paym	ents for V	our residence, such as ho	me equity loans	5. \$		0.00

Debtor	Jodi Reyer	Case number (if know	n) 23-14378
6. Ut	ilities:		
6a		6a. \$	300.00
6b	. Water, sewer, garbage collection	6b. \$	100.00
6c	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	200.00
6d	. Other. Specify: Cellphone	6d. \$	150.00
7. Fo	od and housekeeping supplies	7. \$	430.00
8. C h	ildcare and children's education costs	8. \$	0.00
9. Cl	othing, laundry, and dry cleaning	9. \$	50.00
10. Pe	rsonal care products and services	10. \$	50.00
11. M e	edical and dental expenses	11. \$	25.00
12. Tr a	ansportation. Include gas, maintenance, bus or train fare.		
	not include car payments.	12. \$	300.00
13. E n	tertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. C h	aritable contributions and religious donations	14. \$	0.00
15. Ins	surance.		
	not include insurance deducted from your pay or included in lines 4 or 20.		
	a. Life insurance	15a. \$	0.00
15	b. Health insurance	15b. \$	0.00
15	c. Vehicle insurance	15c. \$	135.00
15	d. Other insurance. Specify:	15d. \$	0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify:	16. \$	0.00
	stallment or lease payments:		
	a. Car payments for Vehicle 1	17a. \$	503.00
	b. Car payments for Vehicle 2	17b. \$	0.00
17	c. Other. Specify:	17c. \$	0.00
	d. Other. Specify:	17d. \$	0.00
de	ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
	her payments you make to support others who do not live with you. ecify:	\$ 19.	0.00
	her real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Your Incom	e.
20	a. Mortgages on other property	20a. \$	0.00
20	b. Real estate taxes	20b. \$	0.00
20	c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20	d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20	e. Homeowner's association or condominium dues	20e. \$	0.00
21. O t	her: Specify: Streaming Services	21. +\$	20.00
_	ar Maintenance	+\$	30.00
	m Mambarabia	+\$	50.00
	et Care	+\$	20.00
	ter school Programs/Sports	+\$	125.00
	<u> </u>		123.00
	Iculate your monthly expenses		
	a. Add lines 4 through 21.	\$	4,817.00
22	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22	c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,817.00
	Iculate your monthly net income.		
23	a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,093.62
23	b. Copy your monthly expenses from line 22c above.	23b\$	4,817.00
23	c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	276.62

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor will be starting a second job July 2023 with additional gross income per month of \$2,000; Debtor's spouse anticipates dismissal of his currently pending Chapter 13 which will cease deduction of Trustee payment from his pay; Debtor's spouse also anticiaptes obtaining second source of income

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FilLin	this infor	mation to identify you	r case.			
Debto			case.			
Denic	,, ,	Jodi Reyer First Name	Middle Name	Last Name		
Debto	or 2 e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Case (if know	_	23-14378			-	theck if this is an mended filing
Stat	complete	and accurate as possi		re filing together, both are	ankruptcy equally responsible for sup	
numb	er (if know	n). Answer every ques			, additional pages, irrito yes	ii namo ana oaco
Part		Details About Your Ma ir current marital statu	rital Status and Where You	Lived Before		
·. •		ii current maritai statu	3:			
	Married Not ma					
2. D	uring the	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No ■ Yes. Li	st all of the places you li	ived in the last 3 years. Do no	ot include where you live now	٠.	
ı	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
		•	nedule H: Your Codebtors (Of	fficial Form 106H).		
Part 2	Expla	in the Sources of You	r Income			
F	ill in the tot	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
		II in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$67,000.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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Case number (if known) 23-14378 Debtor 1 Jodi Rever Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$146,151.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2022) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$141,041.00 Wages, commissions. ☐ Wages, commissions, (January 1 to December 31, 2021) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. **Debtor 1** Debtor 2 **Gross income from** Sources of income Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Total amount

paid

Dates of payment

Amount you

still owe

Was this payment for ...

Creditor's Name and Address

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Debtor 1 Jodi Reyer 23-14378

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony.	artners; relatives of any gen- n control, or owner of 20% of	eral partners; partner r more of their voting	erships of whi g securities; a	ch you are and any m	e a general pa anaging ager	artner; corporations at, including one for
	Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount y		eason for this	s payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property	on accou	ınt of a debt	that benefited an
	■ No☐ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount	Amount y		eason for this	
			Parit				
Pai	rt 4: Identify Legal Actions, Repossessio	ns, and Foreclosures					
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.						
	NoYes. Fill in the details.						
	— Too. I iii iii tilo dotailo.	Nature of the same	C		C4	-4f 4h	
	Case title Case number	Nature of the case	Court or agency		St	atus of the c	ase
	Lvnv Funding Llc vs JODI REYER DC-003191-22	CIVIL JUDGMENT	SUPERIOR CO SPECIAL CIVIL	_		Pending On appeal Concluded	
					_	Concluded	
					0.0	00	
	Capital One Bank Usa Na vs JODI	CIVIL JUDGMENT	SUPERIOR CO	URT	П	Pending	
	REYER	OIVIE GODOMENT	SPECIAL CIVIL			On appeal	
	DC-003336-21					Concluded	
					- '	1,379.00	
	State Of New Jersey vs JODI	STATE TAX LIEN	NEW JERSEY	STATE	П	Pending	
	REYER		SUPERIOR CO	_		On appeal	
	DJ-178644-19					Concluded	
					- (6,565.00	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo		erty repossessed, f	foreclosed, g	arnished	, attached, se	eized, or levied?
	■ No. Go to line 11. □ Yes. Fill in the information below.						
	Creditor Name and Address	Describe the Property			Date		Value of the
		Explain what happened					property

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1500 JFK Boulevard

Philadelphia, PA 19102

Suite 220

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Debtor 1 Jodi Reyer

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor. Do not include any payment or transfer that you No Yes. Fill in the details.	rs or to make payment			or transfer any prope	rty to anyone who
	Person Who Was Paid Address	Description and transferred	<i>r</i> alue of any prop	perty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers ma include gifts and transfers that you have already	usiness or financial affa de as security (such as	airs? the granting of a s			
	NoYes. Fill in the details.					
	Person Who Received Transfer Address	Description and property transfer			any property or s received or debts schange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No		ny property to a s	self-settled tr	ust or similar device	of which you are a
	Yes. Fill in the details.					
	Name of trust Description and value of the property transferred					
Par	t 8: List of Certain Financial Accounts, Ins	truments, Safe Deposi	t Boxes, and Sto	rage Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc	r other financial accou	nts; certificates	of deposit; sl		
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accourtinstrument	cle	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed fo	r bankruptcy, an	y safe deposi	it box or other depos	itory for securities,
	■ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit o	r place other than you	r home within 1 y	ear before y	ou filed for bankrupto	cy?
	NoYes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?

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Debtor 1 Jodi Reyer Case number (if known) 23-14378

Par	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that someofor someone.	one else owns? Include any prope	rty you borrowed from, are storing fo	r, or hold in trust
	■ No			
	Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10: Give Details About Environmental Information	ation		
For	the purpose of Part 10, the following definitions	apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	ir, land, soil, surface water, groun	- ·	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	n they occurred.	
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	e under or in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.	neans anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, collutant, contaminant, or similar term. es, and proceedings that you know about, regardless of when they occurred. al unit notified you that you may be liable or potentially liable under or in violation of an environmental law? etails. Governmental unit Address (Number, Street, City, State and ZIP Code) governmental unit of any release of hazardous material? etails. Governmental unit Environmental law, if you know it Environmental law, if you Date of notice Etails.		
	Name of site Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State ar		Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State ar		Date of notice
26.	Have you been a party in any judicial or adminis	strative proceeding under any env	rironmental law? Include settlements	and orders.
	■ No			
	☐ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11: Give Details About Your Business or Con	nections to Any Business		
	Within 4 years before you filed for bankruptcy,		ny of the following connections to any	v husiness?
21.	☐ A sole proprietor or self-employed in a t	•		y business:
	_	•	•	
	☐ A member of a limited liability company	(LLC) or minited hability partners	iip (LLF)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing execut			
	An owner of at least 5% of the voting or	equity securities of a corporation	l .	

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Debtor 1 Jodi Reyer Case number (if known) 23-14378

	■ No. None of the above applies. Go to I	Part 12	
		in the details below for each business.	
	Business Name	Describe the nature of the business	Employer Identification number
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or healthcomes	Do not include Social Security number or ITIN.
	(Number, Street, Sity, State and 211 Sode)	Name of accountant or bookkeeper	Dates business existed
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	tcy, did you give a financial statement to a	nyone about your business? Include all financial
	■ No		
	Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Par	t 12: Sign Below		
are with		false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
	Jodi Reyer	_	
	di Reyer Inature of Debtor 1	Signature of Debtor 2	
Dat	te June 8, 2023	Date	
Did ■ N	**	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
Did	you pay or agree to pay someone who is no	t an attorney to help you fill out bankruptc	y forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your case:
Debtor 1	Jodi Reyer
Debtor 2 (Spouse, if filing)	
United States B	Bankruptcy Court for the: District of New Jersey
Case number (if known)	23-14378

Check	as directed in lines 17 and 21:						
1	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 3,866.13 6,529.08 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 0.00 0.00 Copy here -> \$ Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property **Debtor 1** 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

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Case number (if known) 23-14378

13.	Calculate the marital adjustment. Check of You are not married. Fill in 0 below. You are married and your spouse is filing You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the spouse Below, specify the basis for excluding the adjustments on a separate page. If this adjustment does not apply, enter	ing with you. Fill in 0 below. If filing with you. If line 11, Column B, that was Nouse's tax liability or the spouse in in income and the amount of in 0 below.	e's suppor	t of someo	ne other t	than you or yo	eur dependent ry, list addition	s.
13.	Calculate the marital adjustment. Check of You are not married. Fill in 0 below. You are married and your spouse is filin. You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the sp. Below, specify the basis for excluding the adjustments on a separate page. If this adjustment does not apply, enter.	ng with you. Fill in 0 below. Ifiling with you. I filing with you. I line 11, Column B, that was Nouse's tax liability or the spousehis income and the amount of in 0 below.	e's suppor	t of someo	ne other t	than you or yo	our dependent ry, list addition	o.00
13.	Calculate the marital adjustment. Check of You are not married. Fill in 0 below. You are married and your spouse is filing the second of the income listed in dependents, such as payment of the spouse below, specify the basis for excluding the adjustments on a separate page. If this adjustment does not apply, enter	ng with you. Fill in 0 below. If filing with you. I line 11, Column B, that was Nouse's tax liability or the spouse in income and the amount of in 0 below.	e's suppor	t of someo	ne other t	than you or yo	our dependent	as. nal
13.	Calculate the marital adjustment. Check of You are not married. Fill in 0 below. You are married and your spouse is filing You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the spouse Below, specify the basis for excluding the adjustments on a separate page. If this adjustment does not apply, enter	ng with you. Fill in 0 below. If filing with you. I line 11, Column B, that was Nouse's tax liability or the spousehis income and the amount of in 0 below.	e's suppor	rt of someo roted to ear	ne other t	than you or yo	our dependent	s.
13.	Calculate the marital adjustment. Check of You are not married. Fill in 0 below. You are married and your spouse is filing You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the spouse Below, specify the basis for excluding the adjustments on a separate page. If this adjustment does not apply, enter	ng with you. Fill in 0 below. If filing with you. I line 11, Column B, that was Nouse's tax liability or the spousehis income and the amount of in 0 below.	e's suppor	rt of someo roted to ear	ne other t	than you or yo	our dependent	s.
13.	Calculate the marital adjustment. Check of ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filin ☐ You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the sp Below, specify the basis for excluding the adjustments on a separate page.	ng with you. Fill in 0 below. If filing with you. I line 11, Column B, that was Nouse's tax liability or the spousehis income and the amount of in	e's suppor ncome dev	rt of someo roted to ear	ne other t	than you or yo	our dependent	s.
13.	Calculate the marital adjustment. Check of ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filin ☐ You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the sp Below, specify the basis for excluding the adjustments on a separate page.	ng with you. Fill in 0 below. If filing with you. I line 11, Column B, that was Nouse's tax liability or the spousehis income and the amount of in	e's suppor	t of someo	ne other t	than you or yo	our dependent	s.
13.	Calculate the marital adjustment. Check of ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filin ☐ You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the sp Below, specify the basis for excluding the spouse of the specific that the specific	ng with you. Fill in 0 below. filling with you. I line 11, Column B, that was Noouse's tax liability or the spouse	e's suppor	t of someo	ne other t	than you or yo	our dependent	s.
13.	Calculate the marital adjustment. Check of ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filin ☐ You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the sp	ng with you. Fill in 0 below. filling with you. I line 11, Column B, that was Noouse's tax liability or the spouse	e's suppor	t of someo	ne other t	than you or yo	our dependent	s.
13.	Calculate the marital adjustment. Check of ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filin ☐ You are married and your spouse is not	ng with you. Fill in 0 below.	OT regula	rly paid for	the hous	ehold expens	es of you or v	our
13.	Calculate the marital adjustment. Check of You are not married. Fill in 0 below. You are married and your spouse is filin	ng with you. Fill in 0 below.						
13.	Calculate the marital adjustment. Check of You are not married. Fill in 0 below.							
13.	Calculate the marital adjustment. Check of	ne.						
12.		no.						
	Copy your total average monthly income	from line 11.					\$ <u>10</u>	,395.21
Part	2: Determine How to Measure Your De	eductions from Income						average ly income
	Calculate your total average monthly inco each column. Then add the total for Column		\$	6,529.08	+ \$	3,866.13	. = \$ 10	,395.21
11		•						
	Total amounts from separate pages	, if any.	+	\$	0.00	- '	0.00	
				\$	0.00		0.00	
	sources on a separate page and put the total			\$	0.00	\$	0.00	
	domestic terrorism; or compensation, pensio United States Government in connection with disability, or death of a member of the uniforn	n, pay, annuity, or allowance pa n a disability, combat-related inj	aid by the jury or					
	Do not include any benefits received under the received as a victim of a war crime, a crime a	he Social Security Act; paymen	ts					
	Income from all other sources not listed a	·	amount.	T		_		
	not include any compensation, pension, pay, United States Government in connection with disability, or death of a member of the uniform pay paid under chapter 61 of title 10, then indused does not exceed the amount of retired pay to if retired under any provision of title 10 other	n a disability, combat-related in med services. If you received a clude that pay only to the exten o which you would otherwise be	jury or ny retired t that it	\$	0.00	\$	0.00	
	Pension or retirement income. Do not inclubenefit under the Social Security Act. Also, e	xcept as stated in the next sent	tence, do					
_	For your spouse		0.00					
	For you		0.00					
	the Social Security Act. Instead, list it here:		ent under					
	Unemployment compensation Do not enter the amount if you contend that t	the amount received was a hen	afit undar	\$	0.00	_ \$	0.00	
	Interest, dividends, and royalties			\$		- [
8.				¢.	0.00	•	g spouse 0.00	
8.				Debtor 1		Debtor 2		
8.				Column A				

Jodi Reyer

Debtor 1

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Debto	or 1	Joc	i Reyer		Case number (<i>if known</i>) 23-14378					
		M	ultiply line 15a by 12 (the number of months in	ı a year).			x 12			
	151	o. T	ne result is your current monthly income for the	e year for this part of th	e form.		\$124,742.52			
16.	Calc	ulate	the median family income that applies to y	ou. Follow these step	S:					
	16a.	Fill i	n the state in which you live.	NJ						
	16b.	Fill i	n the number of people in your household.	3						
	16c.		n the median family income for your state and		-1		\$122,540.00			
		instr	nd a list of applicable median income amounts uctions for this form. This list may also be avai							
17.	How	do 1	he lines compare?							
	17a.		□ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is not determined under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3. Do NOT fill out <i>Calculation of Your Disposable Income</i> (Official Form 122C-2).							
	17b.		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 a	ulation of Your Dispo						
Part	3:	Ca	Ilculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)						
18.	Сор	у уо	ur total average monthly income from line 1	1.		\$_	10,395.21			
19.	cont spot	end t use's	he marital adjustment if it applies. If you are hat calculating the commitment period under 1 income, copy the amount from line 13.	1 U.S.C. § 1325(b)(4)	is not filing with you, and you allows you to deduct part of your					
	19a.	If the	e marital adjustment does not apply, fill in 0 on	line 19a.		- \$_	0.00			
	19b.	Sub	tract line 19a from line 18.			\$	\$10,395.21_			
20.	Cald	ulate	your current monthly income for the year.	Follow these steps:			40.005.04			
	20a.	Сор	y line 19b				\$10,395.21			
		Mult	iply by 12 (the number of months in a year).				x 12			
	20b.	The	result is your current monthly income for the y	ear for this part of the	form		\$124,742.52			
	20c.	Сор	y the median family income for your state and	size of household from	line 16c		\$122,540.00			
	21.	Hov	do the lines compare?							
			Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	se ordered by the cour	t, on the top of page 1 of this form, c	heck box	3, The commitment			
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	lless otherwise ordered	d by the court, on the top of page 1 o	f this for	m, check box 4, The			
Part			gn Below							
	-	•	g here, under penalty of perjury I declare that t	the information on this	statement and in any attachments is	true and	correct.			
Х			i Reyer eyer							
			eyer e of Debtor 1							
	Date		ne 8, 2023							
	If yo		/I / DD / YYYY ecked 17a, do NOT fill out or file Form 122C-2.							
	•		ecked 17b. fill out Form 122C-2 and file it with t		that form, copy your current monthly	/ income	from line 14 above.			

Official Form 122C-1

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Debtor 1 Jodi Reyer Case number (if known) 23-14378

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Fill in	this information to	identify your case:		
Debtoi	Jodi Rey	er		
Debtoi	. 2			
(Spous	se, if filing)			
United	States Bankruptcy (Court for the:		
Case r	number 23-14378	_		
(if kno	wn)	□ Check	if this is an amended filing	
Official	I Form 122C-2			
		culation of Your Disposable Income		04/22
Comm Be as o	itment Period (Offic complete and accur is needed, attach a	rill need your completed copy of <i>Chapter 13 Statement of Your Current Monthly</i> ial Form 122C-1). ate as possible. If two married people are filing together, both are equally respo separate sheet to this form, Include the line number to which additional informatur name and case number (if known).	nsible for being accurate. If r	nore
Part 1	Calculate You	r Deductions from Your Income		
the	questions in lines 6	Service (IRS) issues National and Local Standards for certain expense amounts. 6-15. To find the IRS standards, go online using the link specified in the separate be available at the bankruptcy clerk's office.		
exp	enses if they are high	ounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, ner than the standards. Do not include any operating expenses that you subtracted frouct any amounts that you subtracted from your spouse's income in line 13 of Form 12.	m income in lines 5 and 6 of Fo	
If yo	our expenses differ fr	om month to month, enter the average expense.		
Note	e: Line numbers 1-4	are not used in this form. These numbers apply to information required by a similar for	rm used in chapter 7 cases.	
5.	The number of pe	ople used in determining your deductions from income		
	plus the number of	f people who could be claimed as exemptions on your federal income tax return, any additional dependents whom you support. This number may be different from le in your household.	3	
Nat	ional Standards	You must use the IRS National Standards to answer the questions in lines 6-7.		
6.		d other items: Using the number of people you entered in line 5 and the IRS National edollar amount for food, clothing, and other items.	s1,61	10.00
7.	the dollar amount for people who are 65	Ith care allowance: Using the number of people you entered in line 5 and the IRS Na or out-of-pocket health care. The number of people is split into two categoriespeople or olderbecause older people have a higher IRS allowance for health car costs. If you have the additional amount on line 22	who are under 65 and	

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Jodi Reyer 23-14378 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 225.00 Copy here=> 225.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 153 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 225.00 Copy total here= 225.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 811.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,890.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Rushmore Loan Mgmt Srvc** 2,084.00 Сору Repeat this amount 2,084.00 2,084.00 9b. Total average monthly payment \$ here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

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Jodi Reyer 23-14378 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 642.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 2016 Audi Q3 13a. Ownership or leasing costs using IRS Local Standard..... 588.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Capital One Auto Finance** 504.00 Repeat this Copy amount on line 33b. Total Average Monthly Payment 504.00 504.00 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 84.00 84.00 Vehicle 2 Describe Vehicle 2: 2009 Pontiac G6 13d. Ownership or leasing costs using IRS Local Standard..... 588.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-\$ Copy Repeat this here amount on line 33c. Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 588.00 588.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Jodi Reyer Case number (if known) 23-14378

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, seal-employment taxes, social security hazes, and Mediciare staxes. Vor using vinicide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform coats. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your come term life insurance. If two married people are filing together, include payments that you make for your spuces term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due deligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as balaysiting, daycare, nursery, and preschool. 22. Additional health care experses, excluding in survance coats: The monthly amount that you pay for health care here the life insurance of the payments for any elementary or secondary school education. 23. Optional telephone and telephone services. The romethity amount that you pay for elementary or the payments for the payment of the payment for the payment of the p			In addition to the expense the following IRS categorie		s listed above	e, you are allowed your monthly expense	s for	
contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary.401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiume that you pay for your own term life insurance. If two married people are lifting together include premiums for life insurance or provided in the provided in the provided	16.	self-employment taxes, social your pay for these taxes. Ho and subtract that number fro	al security taxes, and Medi wever, if you expect to rec m the total monthly amour	care taxes eive a tax	s. You may ind refund, you m	clude the monthly amount withheld from nust divide the expected refund by 12	\$_	1,870.58
18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are lifing together, include payments that you make for your spouse's term life insurance, or for any form of life insurance or life insurance or your dependents, for a non-filing spouse's life insurance, or for any form of life insurance, or past due obligations for spoused payments. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spoused or child support payments. 20. Education: The total monthly amount that you pay for education that is either required: 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that sime refine that is not reimbursed by insurance or paid by a health savings account include only the amount that sime refine that for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25. 23. Optional telephone and the telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call welfaing, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of you pay for telecommunication services for you and your dependents or basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. 350.00 350.00	17.			ductions th	at your job re	equires, such as retirement		
filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance of the final term. 19. Court-ordered payments. The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 10.00 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pages, call waining, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 24. Add all of the expenses allowed by dependent and cell phone service. Do not include payments for basic home telephone, intermet and cell phone service. Do not include self-employment expenses, such as topse reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 25. Health insurance, disability insurance, and health savi		Do not include amounts that	are not required by your jo	ob, such a	s voluntary 40	01(k) contributions or payroll savings.	\$_	4,307.77
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Childcare: The total monthly amount that you pay for deducation is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 21. Childcare: The total monthly amount that you pay for health care that is required to the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 32. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call wairing, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 45. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance by our dependents. 46. Do not include any expense allowances listed in lines 6-24.	18.	filing together, include payme Do not include premiums for	ents that you make for you life insurance on your dep	ır spouse's	term life insu	urance.	\$_	289.96
Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or as a condition	19.	administrative agency, such	as spousal or child suppor	rt payment	S.	·	\$	0.00
as a condition for your job, or If or your physically or mentally challenged dependent child if no public education is available for similar services. 1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include now that is more than the total entered in line 7. 2. Additional telephone and telephone services: The total monthly amount that you pay for relecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 2. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 2. Add all of the expenses allowed under the IRS expense allowances. 2. Additional Expense Deductions 2. These are additional deductions allowed by the Means Test. 2. Note: Do not include any expenses allowances listed in lines 6-24. 2. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance of sability insurance and health savings accounts that	20	. ,			• • •	· ·	Ψ_	
To your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses itsed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings account expenses. The monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderty, chronically ill, or disabled member of your household or membe	20.			education	triat is either	required.		
Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your immediate family who is unable to pay for such expenses. Thes		• • •		nt child if n	o public educ	cation is available for similar services.	\$	0.00
22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line? Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4 Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. **Self-employment** **Insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance **Do.00** Do you actually spend this total amount? No. How much do you actually spend? **No. How member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § \$529A(b) 27. Protection aga	21.				•	sitting, daycare, nursery, and preschool.		0.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Po you actually spend this total amount? No. How much do you actually spend? Protection opainst from the casonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against Family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	22.	Additional health care expethat is required for the health	enses, excluding insurar and welfare of you or you	nce costs: ir depende	The monthly ents and that i	s not reimbursed by insurance or paid	_	
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4\$ 350.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance. Disability insurance Disability insurance \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically iil, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Payments for health insuran	ce or health savings accou	ınts should	d be listed onl	ly in line 25.	\$_	0.00
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btor 1	Jodi Reyer		Case number (if known	own)	23-14	4378		
	Additional home energy costs. Your hom ne 8.	e energy costs are included in your i	nsurance and operat	ting e	expense	s on		
	f you believe that you have home energy on the fill in the excess amount of home er		ergy costs included i	in ex	oenses (on line		
	ou must give your case trustee document amount claimed is reasonable and necessa		ou must show that the	e ad	ditional		\$	0.0
\$	Education expenses for dependent child (\$189.58* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The pendent children who are younger the	monthly expenses (nan 18 years old to a	not n ttend	nore tha a priva	n te or		
	ou must give your case trustee document claimed is reasonable and necessary and r			the a	mount			
*	Subject to adjustment on 4/01/25, and even	ery 3 years after that for cases begun	n on or after the date	of a	djustmer	nt.	\$	0.0
h	Additional food and clothing expense. Thigher than the combined food and clothing han 5% of the food and clothing allowance	allowances in the IRS National Stan	ctual food and clothing adards. That amount	g exp canr	oenses a ot be m	are ore		
	o find a chart showing the maximum addit estructions for this form. This chart may als			separ	ate			
١	ou must show that the additional amount	claimed is reasonable and necessary	/.				\$	55.0
	Continuing charitable contributions. The nstruments to a religious or charitable organical contributions.			casl	n or fina	ncial		
Γ	Oo not include any amount more than 15%	of your gross monthly income.					\$	0.0
	Add all of the additional expense deduct	tions.					\$_	55.00
H	add lines 25 through 31.							
	Add lines 25 through 31.							
Dedu	ctions for Debt Payment	in property that you own including	a home mortagaes	veh	icle			
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Jodi Reyer 23-14378 Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount \$ **Capital One Auto Finance** 2016 Audi Q3 **456.00** \div 60 = \$ 7.60 \$ $\div 60 = \$$ \$ $\div 60 = +$ \$ Copy total 7.60 7.60 \$ Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 15,160.39 252.67 36. Projected monthly Chapter 13 plan payment 3,405.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 9.00 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 306.45 306.45 Average monthly administrative expense here=> 3,154.72 \$ 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 10,778.31 expense allowances Copy line 32, All of the additional expense deductions \$ 55.00 Copy line 37, All of the deductions for debt payment 3,154.72 13.988.03 13.988.03 Total deductions..... Copy total here=>

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Debtor 1	Jodi Reyer	Case number (if known)	23-14378
Part 4:	Sign Below		
	by signing here, under penalty of perjury you declare that the	information on this statement and in any atta	achments is true and correct.
_	Jodi Reyer Signature of Debtor 1	_	
	June 8, 2023 MM / DD / YYYY		

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Debtor 1 Jodi Reyer Case number (if known) 23-14378

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 11/01/2022 to 04/30/2023.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Cardiovascular Associates

Constant income of \$6,529.08 per month.*

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Debtor 1 Jodi Reyer Case number (if known) 23-14378

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 11/01/2022 to 04/30/2023.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: State of New Jersey

Constant income of \$3,866.13 per month.*

Debtor 1 Jodi Reyer Case number (if known) 23-14378

*Paycheck Details:

Cardiovascular Associates

Date	Earnings	Overtime	Taxes	Other	Net Check
2023-01-05	3,870.29	0.00	729.27	700.70	2,440.32
2023-01-19	3,870.29	0.00	729.26	1,082.28	2,058.75
2023-02-02	4,015.39	0.00	765.05	1,091.81	2,158.53
2023-02-16	4,124.21	0.00	791.90	998.98	2,333.33
2023-03-02	3,870.29	0.00	729.27	1,082.28	2,058.74
2023-03-02	3,870.29	0.00	729.27	1,082.28	2,058.74
2023-03-16	3,870.29	0.00	729.26	695.28	2,445.75
2023-03-30	3,870.29	0.00	729.84	648.24	2,492.21
2023-04-13	3,870.29	0.00	729.26	695.28	2,445.75
2023-04-27	3,942.86	0.00	747.17	700.05	2,495.64
Totals:	39,174.49	0.00	7,409.55	8,777.18	22,987.76
State of New Jersey					
Date	Earnings	Overtime	Taxes	Other	Net Check
2022-11-25	2,108.80	0.00	289.49	1,741.29	78.02
2022-12-09	2,108.80	0.00	292.55	1,741.29	74.96
2022-12-16	2,108.80	0.00	288.82	1,744.72	75.26
2023-01-06	2,108.80	0.00	279.40	1,749.05	80.35
2023-01-20	2,108.80	0.00	279.40	1,749.05	80.35
2023-02-03	2,108.80	0.00	279.40	1,749.05	80.35
2023-03-03	2,108.80	0.00	279.40	1,804.36	25.04
2023-03-17	2,108.80	0.00	279.40	1,804.36	25.04
2023-03-31	2,108.80	0.00	279.40	1,804.36	25.04
2023-04-14	2,108.80	0.00	279.40	1,814.76	14.64
2023-04-28	2,108.80	0.00	279.40	1,814.76	14.64
Totals:	62,371.29	0.00	10,515.61	28,294.23	23,561.45

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 23-14378-ABA Doc 11 Filed 06/08/23 Entered 06/08/23 10:34:39 Desc Main Document Page 51 of 52 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY Caption in Compliance with D.N.J. LBR 9004-1(b) Brad J. Sadek, Esquire 1500 JFK Boulevard Suite 220 Philadelphia, PA 19102 215-545-0008 brad@sadeklaw.com Jodi Reyer In Re: 23-14378 (ABA) Case No.: Chapter: Judge: Andrew B. Altenburg DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows: ✓ Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$ 4,750.00 . I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses. Legal services on behalf of the debtor in connection with the following are not included in the flat fee: Representation of the debtor in: • adversary proceedings, loss mitigation/loan modification efforts, post-confirmation filings and matters brought before the Court. I have received: \$ 2,060.00

Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$_____. The hourly fee charged by other members of my firm that may provide services to this client range from \$ _____. I understand that I must receive the Court's approval of any fees or

\$ 2,690.00

\$ ____

The balance due is:

The source of the funds paid to me was:

I have received:

✓ Debtor(s)

2.

The balance ✓ will — will not be paid through the plan.

expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1.

Other (specify below)

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3.	If a balance is due, the source of future compensation to be paid to me is:				
	✓ Debtor(s)	☐ Other (specify below)			
	f I have agreed to share com	reed to share compensation with another person(s) unless they are members of my law pensation with a person(s) who is not a member of my law firm, a copy of that haring in the compensation is attached.			
prior to	r(s) as needed. If possible, D	t coverage counsel may appear at hearings on their behalf in lieu of counsel retained by ebtor's counsel will advise Debtor(s) of the use of coverage counsel for any hearings nowledge that coverage counsel may not be a member of my firm and may or may not be.			
	/s/ J F				
	Debto	r(s) Initials Debtor(s) Initials			
		Tagree that coverage counsel may appear at hearings on their behalf in lieu of counsel appearances related to the Debtor(s) matter will be made by me, the undersigned m.			
	Debto	r(s) Initials Debtor(s) Initials			
6.	The Debtor(s) have review	ed this Disclosure and it is consistent with the terms of the Retainer Agreement.			
Date:	June 7, 2023	/s/ Jodi Reyer			
		Jodi Reyer Debtor			
		Detici			
Date:		Joint Debtor			
		John Deoloi			
Date:	June 7, 2023	/s/ Brad J. Sadek, Esquire			
		Brad J. Sadek, Esquire			
		Debtor's Attorney			